



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

NAIC Group Code	00572	(Current Period)	00572	(Prior Period)	NAIC Company Code	11557	Employer's ID Number	47-2582248
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States							
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []			
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization [X]			
	Other []		Is HMO, Federally Qualified? Yes [] No [X]					
Incorporated/Organized	12/18/2014		Commenced Business		01/01/2003			
Statutory Home Office	100 Galleria Officentre, Suite 210				Southfield, MI, US 48034			
	(Street and Number)				(City or Town, State, Country and Zip Code)			
Main Administrative Office	200 Stevens Drive							
	(Street and Number)							
	Philadelphia, PA, US 19113				215-937-8000			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	100 Galleria Officentre, Suite 210				Southfield, MI, US 48034			
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	200 Stevens Drive							
	(Street and Number)							
	Philadelphia, PA, US 19113				215-937-8000			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	MiBlueCrossComplete.com							
Statutory Statement Contact	Paul Edward Stevenson				248-663-7997			
	(Name)				(Area Code) (Telephone Number) (Extension)			
	pstevenson@mibluccrosscomplete.com				248-663-7475			
	(E-Mail Address)				(Fax Number)			

OFFICERS

Name	Title	Name	Title
Steven Harvey Bohner	Treasurer	Robert Edward Tootle, Esquire #	Secretary
James Michael Jernigan	President		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Eileen Mary Coggins	James Michael Jernigan	Mark Robert Bartlett	Lynda Marie Rossi
Ada Nicole Smith #			

State of Pennsylvania ss
County of Philadelphia

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Steven Harvey Bohner Treasurer	Robert Edward Tootle, Esquire Secretary	James Michael Jernigan President
Subscribed and sworn to before me this day of February, 2017		a. Is this an original filing? Yes [X] No [] b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	877,340	1,019,488		1,174,154	877,340	827,815
2. Claim overpayment receivables	520,216	20,020,093		474,501	520,216	610,322
3. Loans and advances to providers .....					.0	10,671
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables	2,236,581				2,236,581	2,778,150
6. Other health care receivables	1,887,939	14,241,849		1,310,250	1,887,939	536,862
7. Totals (Lines 1 through 6)	5,522,076	35,281,430	0	2,958,905	5,522,076	4,763,820

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Blue Cross Complete of Michigan LLC 2. (LOCATION)

NAIC Group Code	00572	BUSINESS IN THE STATE OF Michigan				DURING THE YEAR 2016				NAIC Company Code		11557
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	88,533								88,533			
2 First Quarter	132,237								132,237			
3 Second Quarter	148,514								148,514			
4. Third Quarter	162,458								162,458			
5. Current Year	173,816								173,816			
6 Current Year Member Months	1,776,267								1,776,267			
Total Member Ambulatory Encounters for Year:												
7. Physician	1,145,287								1,145,287			
8. Non-Physician	195,318								195,318			
9. Total	1,340,605	0	0	0	0	0	0	0	1,340,605	0		
10. Hospital Patient Days Incurred	86,597								86,597			
11. Number of Inpatient Admissions	16,862								16,862			
12. Health Premiums Written (b).....	710,792,101								710,792,101			
13. Life Premiums Direct.....	0											
14. Property/Casualty Premiums Written.....	0											
15. Health Premiums Earned.....	710,792,101								710,792,101			
16. Property/Casualty Premiums Earned.....	0											
17. Amount Paid for Provision of Health Care Services	571,329,977								571,329,977			
18. Amount Incurred for Provision of Health Care Services	592,595,300								592,595,300			

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Blue Cross Complete of Michigan LLC 2. (LOCATION)

NAIC Group Code		00572		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2016				NAIC Company Code		11557	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year	88,533	0	0	0	0	0	0	0	88,533	0			
2 First Quarter	132,237	0	0	0	0	0	0	0	132,237	0			
3 Second Quarter	148,514	0	0	0	0	0	0	0	148,514	0			
4. Third Quarter	162,458	0	0	0	0	0	0	0	162,458	0			
5. Current Year	173,816	0	0	0	0	0	0	0	173,816	0			
6 Current Year Member Months	1,776,267	0	0	0	0	0	0	0	1,776,267	0			
Total Member Ambulatory Encounters for Year:													
7. Physician	1,145,287	0	0	0	0	0	0	0	1,145,287	0			
8. Non-Physician	195,318	0	0	0	0	0	0	0	195,318	0			
9. Total	1,340,605	0	0	0	0	0	0	0	1,340,605	0			
10. Hospital Patient Days Incurred	86,597	0	0	0	0	0	0	0	86,597	0			
11. Number of Inpatient Admissions	16,862	0	0	0	0	0	0	0	16,862	0			
12. Health Premiums Written (b).....	710,792,101	0	0	0	0	0	0	0	710,792,101	0			
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned.....	710,792,101	0	0	0	0	0	0	0	710,792,101	0			
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	571,329,977	0	0	0	0	0	0	0	571,329,977	0			
18. Amount Incurred for Provision of Health Care Services	592,595,300	0	0	0	0	0	0	0	592,595,300	0			

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

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33

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	1,379	4,092	3,196	428	339
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	769	(1,345)	3,592	2,376	312
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		250	2,869	1,714	173
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	151,605,233		151,605,233
2. Accident and health premiums due and unpaid (Line 15).....	323,724		323,724
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	2,955,211		2,955,211
6. Total assets (Line 28)	154,884,168	0	154,884,168
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	54,277,139	0	54,277,139
8. Accrued medical incentive pool and bonus payments (Line 2).....	2,393,456		2,393,456
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	50,274,287		50,274,287
15. Total liabilities (Line 24).....	106,944,882	0	106,944,882
16. Total capital and surplus (Line 33).....	47,939,286	XXX	47,939,286
17. Total liabilities, capital and surplus (Line 34)	154,884,168	0	154,884,168
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP .....						.0
57. Canada	CAN .....						.0
58. Aggregate Other Alien	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	MI	RE	State of Michigan.....	Legal.....			N	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	27-0521030				Accident Fund Holdings, Inc.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	00-9789424				AF Global Capital, Ltd.....	GBR	DS	Accident Fund Holdings, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572	BC/BS of Michigan Mutual Insurance Co.....	10166	38-3207001				Accident Fund Insurance Company of America.....	MI	DS	Accident Fund Holdings, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572	BC/BS of Michigan Mutual Insurance Co.....	29157	39-0941450				United Wisconsin Insurance Company.....	WI	DS	Accident Fund Insurance Company of America.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572	BC/BS of Michigan Mutual Insurance Co.....	12304	20-3058200				Accident Fund General Insurance Company.....	MI	DS	Accident Fund Insurance Company of America.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572	BC/BS of Michigan Mutual Insurance Co.....	12305	20-3058291				Accident Fund National Insurance Company.....	MI	DS	Accident Fund Insurance Company of America.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572	BC/BS of Michigan Mutual Insurance Co.....	10713	36-4072992				Third Coast Insurance Company.....	WI	DS	Accident Fund Insurance Company of America.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572	BC/BS of Michigan Mutual Insurance Co.....	12177	20-1117107				CompWest Insurance Company.....	CA	DS	Accident Fund Insurance Company of America.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	20-1420821				LifeSecure Holdings Corporation.....	AZ	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572	BC/BS of Michigan Mutual Insurance Co.....	77720	75-0956156				LifeSecure Insurance Company.....	MI	DS	LifeSecure Holdings Corporation.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00572	BC/BS of Michigan Mutual Insurance Co.	95610	38-2359234				Blue Care Network of Michigan	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	45-3854611				Michigan Medicaid Holdings Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	DS	Michigan Medicaid Holdings Company	Ownership	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	38-3134881				BCN Service Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	52037	38-2536979				Blue Care of Michigan, Inc.	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	15649	47-2221114				Woodward Straits Insurance Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	81-3438452				COBX Co.	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-5653683				Visiant Holdings, Inc (formerly SBBX Co)	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	11-3738370				ikaSystems Corporation	DE	NIA	Visiant Holdings, Inc (formerly SBBX Co)	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	58-1767730				NASCO Corporation	GA	NIA		Ownership	19.5		N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	27-1038374				BH Assets, LLC	DE	NIA		Ownership	28.7		N	

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00572.....	BC/BS of Michigan Mutual Insurance Co.....	00000.....	45-1259278.....				EIN Properties LLC.....	MI.....	NIA.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	40.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572.....	BC/BS of Michigan Mutual Insurance Co.....	00000.....	47-4522025.....				Tessellate Holdings, LLC (formerly DDDS, Holdings, LLC).....	DE.....	NIA.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	70.1	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572.....	BC/BS of Michigan Mutual Insurance Co.....	00000.....	45-3742721.....				Tessellate, LLC (dba DDDS).....	DE.....	NIA.....	Tessellate Holdings, LLC (formerly DDDS, Holdings, LLC).....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572.....	BC/BS of Michigan Mutual Insurance Co.....	00000.....	45-1062167.....				NDBH Holding Company, LLC.....	MO.....	NIA.....		Ownership.....	10.0		N	
00572.....	BC/BS of Michigan Mutual Insurance Co.....	00000.....	43-1698690.....				New Directions Behavioral Health, LLC.....	MO.....	NIA.....	NDBH Holding Company, LLC.....	Ownership.....	99.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	N	
00572.....		00000.....	30-0703311.....				BMH LLC.....	DE.....	NIA.....	IBC MH LLC.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	
00000.....		00000.....	38-3946080.....				BMH SUBCO I LLC.....	DE.....	NIA.....	BMH LLC.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	
00000.....		00000.....	80-0768643.....				BMH SUBCO II LLC.....	DE.....	NIA.....	BMH LLC.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	
00000.....		00000.....	45-5415725.....				AmeriHealth Caritas Services, LLC.....	DE.....	NIA.....	BMH LLC.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	
00000.....		00000.....	23-2859523.....				AmeriHealth Caritas Health Plan.....	PA.....	NIA.....	BMH SUBCO I LLC.....	Ownership.....	19.4	BCBSM and IBC MH LLC.....	N	
00000.....		00000.....	23-2859523.....				AmeriHealth Caritas Health Plan.....	PA.....	NIA.....	BMH SUBCO II LLC.....	Ownership.....	19.4	BCBSM and IBC MH LLC.....	N	
00000.....		14143.....	27-3575066.....				AmeriHealth Caritas Louisiana, Inc.....	LA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	
00000.....		95458.....	57-1032456.....				Select Health of South Carolina, Inc.....	SC.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	
00000.....		14692.....	20-2467931.....				AmeriHealth Caritas Georgia, Inc.....	GA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	
00000.....		00000.....	20-4948091.....				AmeriHealth Caritas Indiana, LLC.....	IN.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	
00000.....		15800.....	47-3923267.....				AmeriHealth Caritas Iowa, Inc.....	IA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	
00000.....		00000.....	26-1809217.....				Perform RX IPA of New York, LLC.....	NY.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	
00000.....		00000.....	26-1144363.....				AMHP Holdings Corp.....	PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	
00000.....		00000.....	25-1765391.....				Community Behavioral Healthcare Network of Pennsylvania, Inc.....	PA.....	NIA.....	AMHP Holdings Corp.....	Ownership.....	38.7	BCBSM and IBC MH LLC.....	N	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		14378	45-4088232				Florida True Health, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	19.4	BCBSM and IBC MH LLC	N	
00000		00000	47-5566319				AmeriHealth Caritas Virginia, Inc.	VA	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	37-1752699				FTH Clinic, LLC	FL	NIA	Florida True Health, Inc.	Ownership	19.4	BCBSM and IBC MH LLC	N	
00000		00000	61-1720226				Community Care of Florida, LLC	FL	NIA	Florida True Health, Inc.	Ownership	9.9	BCBSM and IBC MH LLC	N	
00000		15088	46-1482013				AmeriHealth District of Columbia, Inc.	DC	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc.	OK	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		14261	45-3790685				AmeriHealth Nebraska, Inc.	NE	IA	AmeriHealth Caritas Health Plan	Ownership	27.1	BCBSM and IBC MH LLC	N	
00000		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.4	BCBSM and IBC MH LLC	N	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.4	BCBSM and IBC MH LLC	N	
00000		11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	Ownership	19.4	BCBSM and IBC MH LLC	N	

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | Responses |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

AUGUST FILING

- | | |
|---|---------------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? |YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|--------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |NO..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |NO..... |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|--|--------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? |NO..... |

AUGUST FILING

- | | |
|--|--------------|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |NO..... |
|--|--------------|

Explanation:

11.
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 14.
*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
1404. Consumer Incentives.....		615,927	346,463
1405. Health Ed. and Pop. Mgmt.....		48	
1497. Summary of remaining write-ins for Line 14 from Page 04	0	615,975	346,463

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Donations.....	24,121	0	85,520		109,641
2505. Purchased Services.....	67,536	0	152,527		220,063
2597. Summary of remaining write-ins for Line 25 from Page 14	91,657	0	238,047	0	329,704

OVERFLOW PAGE FOR WRITE-INS

--	--	--	--	--	--	--	--	--	--	--

M007 Additional Aggregate Lines for Page 07 Line 13.
*ANAOPS - Analysis of Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1304. Consumer Incentives.....	615,927							615,927		
1305. Health Ed. and Pop. Mgmt.....	48							48		
1397. Summary of remaining write-ins for Line 13 from page 7	615,975	0	0	0	0	0	0	615,975	0	

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